

## PLAN OF CORRECTION

The individual signing the first page of the CMS-2567, *Statement of Deficiencies (SOD)*, is indicating their approval of the plan of correction being submitted on this form.

Name - Provider/Supplier:	
Evansville Manor Nursing and Rehab, LLC	
Street Address/City/Zip Code:	
470 Garfield Ave, Evansville, WI 53536	
License/Certification/ID Number (X1):	2259
Survey Date (X3):	3/12/19
Survey Event ID Number:	8EM911

ID Prefix Tag (X4)	Provider's Plan of Correction (Each corrective action must be cross-referenced to the appropriate deficiency.)	Completion Date (X5)
	The following represents the plan of correction for the alleged deficiencies cited during a Recertification, Complaint, State Licensure survey that was conducted on March 12, 2019. The completion and execution of this plan of correction does not constitute an admission of guilt or wrong doing on the part of the nursing center, its owners, operators, employees or agents or an agreement with any of the facts set forth in the Statement of Deficiencies. The plan of correction is completed in good faith and in keeping with the center's commitment to quality outcomes for the residents. In addition, this plan of correction is completed as required by law.	
F585	<p><b>Immediate Corrective Action</b></p> <p>Residents identified as: R3, R38, and R98 were provided follow-up to the alleged concerns noted in this citation. The follow-up was documented by the designated Grievance Official and added to the Grievance Tracking Log.</p> <p>R10 was temporarily placed on 15 minute checks until other interventions were put into place.</p> <p>Staff was immediately educated on ensuring R31 was in her own bed at bedtime and a task was put in place to check on resident to make sure she is still in her own bed. Stop signs were also offered to those residents that wanted them to assist in deferring R31 from entering their room.</p> <p><b>Other Residents with Potential to be Affected</b></p> <p>All residents have the potential to be affected by this alleged deficient practice; none were identified as being negatively impacted.</p> <p>A public posting entitled "Grievance Posting" is located near the entrance of the center identifying the designated Grievance Official as well as describing the internal process to file a grievance. Grievance Concern Forms are also available at this location.</p>	4/12/19

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	<p>A special Resident meeting will be held, and residents will be educated on the Grievance Policy; specifically, residents were educated on their rights as it pertains to filing a grievance as well as the facilities responsibility to ensure prompt resolution including their signature confirming resolution satisfaction. Additionally, residents will be informed of the location of the Grievance Forms as well as who the designated Grievance Official is for the center.</p> <p>Velcro stop signs for the doorways were purchased and offered for those residents that wanted them to be placed to help prevent other residents from entering their rooms.</p> <p><b>Systemic Changes to Ensure Compliance</b></p> <p>All staff was educated on the requirements of F585; specifically, as it pertains to the facility responsibility to make information on how to file a grievance/complaint available to the resident as well as the facilities obligation to provide prompt resolution which includes obtaining the resident/family signatures to confirm they are satisfied with the resolution. Staff were informed of the location of grievance forms and the internal process for filing and responding to Concerns/Grievances.</p> <p>A questionnaire regarding the Grievance Policy, how to file a grievance, where the forms are, and who the Grievance Official is will be completed with all residents. If residents are unclear, education was provided.</p> <p>Doorway velcro stop signs were purchased and offered to those residents that wanted them placed on their door to help prevent other residents from entering their rooms.</p> <p><b>System Maintenance</b></p> <p>The Administrator or designee will monitor and track concerns/grievances on the designated Grievance Log to ensure appropriate and timely resolution including obtaining signatures to ensure satisfaction of the outcome to the grievance filed.</p> <p>The Administrator or designee will also review each grievance and its investigation. At</p>	
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	<p>least monthly, the Administrator or designee will report all grievances to the QAPI committee for further review and consideration. The Administrator or designee will ask to attend Resident Council meetings each month to educate on Grievance Policy/Procedure.</p>	
F686	<p><b>Immediate Corrective Action</b></p> <p>Wound Care Nurse from Gentell which is a wound supply company that the facility contracts with to provide provisions of advanced wound healing products was asked to visit the facility immediately to assess R248, review his plan of care and current treatment orders. R248 was identified as a worsening pressure injury.</p> <p>Corporate wound care nurse immediately assessed R248's skin and reviewed and updated skin assessments and care plan.</p> <p><b>Other Residents with Potential to be Affected</b></p> <p>While all residents have the potential to be affected by this alleged deficient practice, no negative outcomes were identified.</p> <p><b>Systemic Changes to Ensure Compliance</b></p> <p>Facility promoted a Registered Nurse to become wound care certified, course completed on 3/26/19.</p> <p>Wound Care Nurse will re-assess all residents for pressure injury risk using the Braden Scale, those residents identified as high risk will be referred to the IDT for further review and if applicable interventions will be put in place. Additionally, those high-risk residents will be seen weekly by the wound care nurse to identify any areas of pressure before breakdown occurs.</p> <p>Facility purchased a large quantity of new pressure relieving cushions that will be distributed to the appropriate residents to help prevent pressure injury.</p>	4/12/19

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F725	<p><b>System Maintenance</b></p> <p>The Wound Care Nurse or DON will conduct Skin Wound Audits on all current pressure injuries 1x and all new pressure injuries ongoing for 3 months to improve identification of new pressure injuries and to prevent worsening of existing pressure injuries. All findings of concern will be immediately addressed and reported to the QAPI committee for further review and consideration of additional corrective measures.</p>	4/12/19
	<p><b>Immediate Corrective Action</b></p> <p>Residents identified as: R16, R35, R38 and R48 were provided follow-up to the alleged concerns noted in this citation. The follow-up was documented by the designated Grievance Official and added to the Grievance Tracking Log.</p> <p><b>Other Residents with Potential to be Affected</b></p> <p>While all residents have the potential to be affected by this alleged deficient practice, no negative outcomes were identified.</p> <p><b>Systemic Changes to Ensure Compliance</b></p> <p>The facility reviewed and revised the daily postings document to better capture additions/subtractions made each day to staffing levels. Education was provided to the personnel responsible for providing the necessary 24-hour staff to provide nursing and related services and to assure safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident as determined by the resident assessments, individuals plans of care and considering the number, acuity and diagnoses of the facility's resident population.</p> <p>Personnel was educated on the responsibility to respond promptly to resident call lights and to immediately communicate to center leadership any concerns regarding the provision of appropriate staffing levels.</p> <p>Facility is exhausting all efforts to continue to hire, including offering sign-on and referral</p>	

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	<p>bonuses, advertising on Indeed and FaceBook and hosting a job fair. Facility also implemented a Unit Attendant position which is a non-clinical position that can assist by answering call lights, passing water and snacks, and other duties to assist the resident without providing hands on care.</p> <p><b>System Maintenance</b> A resident satisfaction survey was developed focusing on resident needs being met timely. The Administrator or designee will conduct 3 resident surveys each week x 4 weeks, and then bi-weekly x 2 months. All findings of concern will be immediately addressed and reported to the QAPI committee monthly for further review and consideration of additional corrective measures.</p>	
<b>F758</b>	<p><b>Immediate Corrective Action</b> Behavior monitoring and non-pharmacological interventions related to R30's diagnosis were identified as being absent. These items were immediately careplanned and available via the CNA Kardex and as a task available for documentation.</p> <p><b>Other Residents with Potential to be Affected</b>  While all resident have the potential to be affected by this alleged deficient practice, all resident care plans were reviewed for behavior monitoring and non-pharmacological interventions and no negative outcomes were identified.</p> <p><b>Systemic Changes to Ensure Compliance</b> All staff was educated on documenting on resident behaviors and potential causes of such behavior. In addition, they were educated on utilizing the non-pharmacological interventions put in place for residents and where they can locate that information.</p> <p>Behavior monitoring for all residents will be addressed each week in our facility At Risk-Focus meetings which includes the IDT, as well as each month with the pharmacy</p>	<b>4/12/19</b>

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	<p>consultant while also reviewing GDR's.</p> <p><b>System Maintenance</b> A Psychotropic Medication Management policy and procedure is being implemented which also includes behavior tracking, and all staff will be educated on it. A Behavior Evaluation Audit was developed to ensure ongoing and sustained compliance with the requirements and examples outlined in this citation. The Social Worker or designee will conduct this audit at random weekly x 4, then bi-weekly x 2, and then monthly x 1. All findings of concern will be immediately addressed and reported to the QAPI committee monthly for further review.</p>	
F761	<p><b>Immediate Corrective Action</b> R16 was identified as having medications at bedside. Eye drops were immediately locked in R16's cabinet accessible to the nurse in her room. R16 was satisfied with this resolution.</p> <p>Facility staff immediately conducted a facility wide sweep to ensure there were no other instances of medications being stored in resident rooms.</p> <p><b>Other Residents with Potential to be Affected</b> All residents have the potential to be affected by this alleged deficient practice, after the facility room sweep it was determined that no additional residents were affected by this cited alleged deficiency.</p> <p><b>Systemic Changes to Ensure Compliance</b> All staff were educated on the facilities Administering Medications Policy and Procedure.</p> <p>Self-Administered medication information will be shared with resident and/or POA upon admission to ensure compliance understanding.</p>	4/12/19

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	<p>On-going monitoring of items in resident rooms by all staff to make sure items are secured in resident locked cabinet if applicable or in the medication cart.</p> <p><b>System Maintenance</b> An environmental rounding tool was developed and will include checking the resident's rooms for any medications that should be secured. DON or designee will conduct this audit at random weekly x 4, then bi-weekly x 2, and then monthly x 1. All findings of concern will be immediately addressed and reported to the QAPI committee monthly for further review.</p>	
<b>F880</b>	<p><b>Immediate Corrective Action</b> Facility will ensure that all staff follow standards of practice for Infection Prevention and Hand Hygiene, one example of doing so is demonstrated by proper hand hygiene between removing dirty gloves and putting clean gloves on and having appropriate barriers down between clean and dirty items.</p> <p>The residents noted in this citation were R33 and R248 which were identified as those residents affected by the facility staff not following standards of practice for infection prevention and hand hygiene.</p> <p><b>Other Residents with Potential to be Affected</b> It was determined that there were not any additional residents affected by this cited deficiency.</p> <p><b>Systemic Changes to Ensure Compliance</b> All staff were educated on hand hygiene. They were all required to complete a return</p>	<b>4/12/19</b>

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